

Champaign County Vote by Mail Application

At a minimum fill out all the fields marked with an asterisk (*)

Voter ID: _____

Name*	1	_____	_____	_____	_____
		Last Name	First Name	Middle Name	Suffix
Contact Info*	2	Email Address: _____			
		Phone number: () _____			
Identification*	3	IL Driver's License or Illinois State ID Card _____ - _____ - _____			
		Last four digits of your Social Security Number: _____			
Registration Address*	4	<input type="checkbox"/> Send my Vote by Mail ballot to this address.			
		_____	_____	_____	_____
		*Address (no P.O. Boxes)	Unit # & Residence Hall	* City or Town	State *Zip Code
Mailing Address for Ballot	5	<input type="checkbox"/> Send my Vote by Mail ballot to the address above.			
		_____	_____	_____	_____
		*Address or P.O. Box	* City or Town	State	*Zip Code
Vote by Mail Application*	6	<input type="checkbox"/> I would like a vote by mail ballot for all future elections I am eligible to vote in.			
		<input type="checkbox"/> I would like a vote by mail ballot for ONLY the upcoming election.			
		Primary Ballot Choice: <input type="checkbox"/> Democratic <input type="checkbox"/> Non-Partisan <input type="checkbox"/> Republican			
Sign Here*	7	VOTE BY MAIL REQUEST: I hereby make application for an official ballot or ballots to be voted by me at such election, and I agree that I shall return such ballot or ballots to the official issuing the same prior to the closing of the polls on the date of the election or, if returned by mail, postmarked no later than Election day, for counting no later than during the period for counting provisional ballots, the last day of which is the 14 th day following Election day. I understand that this application is made for an official Vote by Mail ballot or ballots to be voted by me at the election specified in this application and that I must submit a separate application for an official Vote by Mail ballot or ballots to be voted by me at any subsequent election.			
		CONTINUING VOTE BY MAIL: I am currently a registered voter and wish to apply for permanent vote by mail status.			
		I state that I reside at the address specified above, in the stated precinct and county, that I have lived at such address for 30 days or more preceding this election, that I am lawfully entitled to vote in such precinct at the next regularly scheduled election, and that:			
		I wish to vote by mail in all subsequent elections that do not require a party designation. - or - I wish to vote by mail in all subsequent elections and wish to receive the party ballot indicated below in all elections that require a party designation.			
		_____	_____		
		*Sign Your Name or Place Your Mark Here	Date		

- ✓ Write legibly in blue or black ink.
- ✓ Drop off or mail to the Clerk's office as quickly as possible so we can process your application.
 - Champaign County Clerk, Aaron Ammons, 1776 E Washington St, Urbana, IL 61802
- ✓ Vote by Mail requests are accepted by mail up to 5 days before the election. You can request a vote by mail application in-person at the Clerk's office up to one day before the election.
- ✓ Vote by Mail Ballots are mailed daily beginning 40 days before election day.

Questions? Call or email us! We're here to help (217)384-3724 or
elections@champaigncountyclerkil.gov
More detailed info at our website: www.champaigncountyclerkil.gov/elections